

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/1/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural pain block L4/5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as leaning forward. The patient underwent lumbar surgery in 2007 and 2008. MRI of the lumbar spine dated 10/23/12 revealed at L4-5 there are bilateral intrapedicular screws. There is no disc herniation, significant central canal, lateral recess or neural foraminal stenosis identified. Note dated 03/07/14 indicates that sensation is normal. Motor functions are normal. Note dated 03/28/14 indicates that the patient continues to complain of low back pain. There is no new deficit.

Initial request for epidural pain block L4-5 was non-certified on 02/27/14 noting that there is no evidence to clearly indicate the presence of any radicular symptoms. Additionally, the records available for review do not provide any data to indicate that there is evidence of a compressive lesion upon a neural element in the lumbar spine on objective diagnostic testing. The denial was upheld on appeal dated 04/10/14 noting that there are no additional medicals available for review. The neurologic exam on 02/10/14 states motor function is good, sensation is good, reflexes are equal and symmetrical. The MRI does not note any disc herniations or foraminal/canal stenosis at the L4-5 level. Without imaging and objective findings of radiculopathy, guidelines are not met.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained injuries in xx/xxxx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results prior to the performance of epidural steroid injection. The patient's physical examination fails to establish the presence of active lumbar radiculopathy and the submitted lumbar MRI does not document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for epidural pain block L4-5 is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)